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Brent Yonehara (Depositor's name)

(Signature)

April 27, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTY'S DOCKET NO.	CONFIRMATION NO.
09/760,384	01/11/2001	HAU H. DUONG	67456-5033US	2482

TITLE OF INVENTION: DEVICES AND METHODS FOR BIOCHIP MULTIPLEXING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/30/2007

EXAMINER	Art Unit	CLASS-SUB CLASS
SINES, BRIAN J	1743	422-068100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed	1. Morgan Lewis & Bockius LLP
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. Robin M. Silva
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.		3.

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(A) NAME OF ASSIGNEE:

Clinical Micro Sensors, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pasadena, California

Please check the appropriate assignee category or categories (will not be printed on the patent)

Individual corporation or other private group entity government

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Issue Fee

A check in the amount of the fee(s) enclosed

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ROBERT B. EDESESS (Reg. No. 56,528)

FOR: ROBIN M. SILVA (Reg. No. 38,304)

(Date) APRIL 27, 2007

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